

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 78780
Milwaukee, WI 53293-0780
FAX #: (608) 267-0592
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: DSpscCredTrades@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR CLASS 4 BLASTER APPLICATION

Requirements for Credential

Per [Wis. Admin. Code § 305.20](#), no person may prepare explosive charges or conduct blasting operations unless the person holds a credential as a licensed Class 1 Blaster, licensed Class 2 Blaster, licensed Class 3 Blaster, licensed Class 4 Blaster, licensed Class 5 Blaster, licensed Class 6 Blaster, or licensed Class 7 Blaster or is under the direct supervision of a person who holds a credential as a licensed Blaster in one or more of the categories.

A person who holds a credential as a licensed Class 4 Blaster or is under the direct supervision of a person who holds a credential as a licensed Class 4 Blaster is limited to conducting blasting operation and activities not closer than 2,500 feet to an inhabited building for quarries, open pits, road cuts, trenches, site excavations, basements, underwater demolition or underground excavations.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application and Fee:** The fee consists of a \$15.00 application fee, a \$30.00 exam fee and an \$8.00 CIB fee. When the exam is passed the applicant will pay a \$100.00 credential fee, based on a 4-year term from the date of issuance.
2. **Criminal History Review (CIB Review):** The issuance of a Blaster license shall be contingent upon the Department's review of the applicant's criminal history record from the Department of Justice.
3. **Experience:** A person applying for Class 4 Blaster license shall be at least 21 years old and completed at least 640 hours of experience working under the direct supervision of a person who holds a Wisconsin Class 4 Blaster license, Class 5 Blaster license, or Class 6 Blaster license. **Complete** the Experience Table on page 2.
4. **Examination:** **Select** an exam date on Page 2. For additional information on exam content, please view the Department website at <http://dsps.wi.gov> under "Professions" and select this profession.

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APPLICATION FOR CLASS 4 BLASTER LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address (street, city, state, zip) <input type="text"/>			Daytime Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Social Security # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
Race/Sex information is required for criminal background check.			
Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Have you ever held a Trades credential in WI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>			
Email Address <input type="text"/>			

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see below for further information)
- ☐ **Initial Credential Fee**
\$15.00 Application Fee
\$30.00 Exam Fee
\$ 8.00 CIB Fee
\$53.00 Total Fee Attached
- ☐ **Reinstatement Fee (credential expired more than four (4) years)**
\$15.00 Application Fee
\$30.00 Exam Fee
\$ 8.00 CIB Fee
\$25.00 Late Renewal Fee
\$78.00 Total Fee Attached

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- ☐ **Fee and Application** (including signature on Page 3)
- ☐ Is name on all credentials the same? If not, list former/maiden name(s):

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

Wisconsin Department of Safety and Professional Services

EXPERIENCE TABLE:

Document at least 640 hours of experience working under the direct supervision of a person who holds a Wisconsin Class 4 Blaster license, Class 5 Blaster license or Class 6 Blaster license. The witness must be the licensed Wisconsin Class 4 Blaster license, Class 5 Blaster license or Class 6 Blaster who directly supervised the work performed by the applicant. Copies of this page may be made to mail to witnesses to sign. (attach additional sheet(s) if necessary)

Hours	Signature of Witness	WI License #	Phone # of Witness
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TO SCHEDULE AN UPCOMING EXAM:

- Indicate a **first date choice (1)** and a **second date choice (2)** in the event one exam site is full.
- Submit the **fee and this application to the Department at least 30 days in advance of the exam date chosen.**
- Keep a copy of this application for your records. You may only schedule one future exam session at a time for each credential type.
- You will receive a letter from DSPS confirming your upcoming exam, including the time, date and location of the exam.
- If you need special accommodations, please contact us at DSPSCredTrades@wi.gov.

Select availability: A.M. (starts at 8:00 a.m.) <input type="checkbox"/> P.M. (starts at 1:00 p.m.) <input type="checkbox"/> [If taking a 2-part plumbing exam or 5-hour exam, you will be scheduled for both the A.M. <u>and</u> the P.M. session]				
PEWAUKEE WCTC Education Center 800 Main St., Pewaukee, WI 53072	November 28, 2018	January 23, 2019	March 19, 2019	May 22, 2019
	July 24, 2019	September 11, 2019	November 13, 2019	
EAU CLAIRE SleepInn Conference Center 5872 33 rd Ave., Eau Claire, WI 54703	December 4, 2018	February 18, 2019	April 24, 2019	June 05, 2019
	August 28, 2019	October 23, 2019	December 04, 2019	
APPLETON Fox Valley Technical College 1825 N. Bluemound Dr., Appleton, WI 54914	November 07, 2018	January 10, 2019	March 27, 2019	May 29, 2019
	July 10, 2019	September 25, 2019	November 26, 2019	
MADISON Madison Crowne Plaza 4402 E. Washington Ave., Madison, WI 53704	December 12, 2018	February 06, 2019	April 10, 2019	June 26, 2019
	August 13, 2019	October 09, 2019	December 18, 2019	

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under "Licenses, Permits, and Registrations" and select "Trades Professions."

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /